

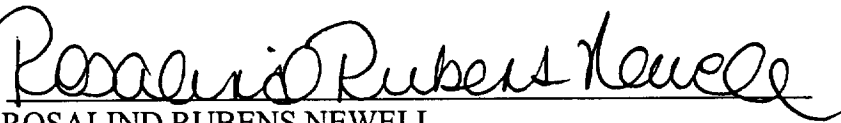
Entered - 4-9-99 - sb
CL - 01L0227 ALEXIS HOLMES

CLAIM OF: LEROY LEWIS
2283 Newgate Drive
Decatur, Georgia 30035

01-R-0798

For damages alleged to have been sustained as a result of a vehicular
accident on December 21, 1999 at Forsyth and Garnett Streets.

THIS ADVERSE REPORT IS APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0227

Date: 5/16/01

Claimant /Victim LEROY LEWIS

BY: (Atty)(Ins.) _____

Address: 2283 Newgate Drive Decatur, Georgia 30035

Subrogation: _____ Claim for Property damage \$ 2,330.92 Bodily Injury \$ _____

Date of Notice: 4/9/01 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) _____

Date of Occurrence 12/21/99 Place: Forsyth and Garnett Streets

Department Public Works Division: Motor Transport Services

Employee involved Linda Monroe Disciplinary Action: Letter of reprimand

NATURE OF CLAIM: The claimant sustained vehicular damage when the driver of a City of Atlanta vehicle struck his vehicle while attempting to make a left hand turn from an outside lane. However, the claimant failed to meet the O.C.G.A. §36-33-5 Written Notice requirement when he filed his claim more than six (6) months after the event took place upon which he is alleging claims against the City.

INVESTIGATION:

Statements: City employee _____ Claimant X Other X Written _____ Oral X

Pictures _____ Diagrams _____ Reports: Police X Dept Report _____ Other _____

Traffic citations issued: City Driver X Claimant Driver _____

Citation disposition: City Driver Suspended License Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

Improper Notice _____ More than Six Months X Other _____ Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 X 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 05-17-01

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK

City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 12-29-1999

Dear Municipal Clerk:

ENTERED - 4-9-01 - SB
01L0227 - ALEXIS HOLMES

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 2,330.92 property and/or \$ 0 bodily injury for which I contend the City is liable.

1. Date of incident: 12-21-1999 2. Time of Incident: 18:07 3. Police called: ✓
(month/day/year) Yes No
4. Location of incident (including street address): FORSYTH ST. + GARNETT ST
5. Name of your insurance company: GEICO Policy No. 2328977
6. State what and how incident occurred: I NO. #1 VEHICLE HAD TURNED ON GARNETT ST. VEHICLE #2 WAS STOPPED AND AS I TURNED VEHICLE #2 WENT FORWARD STRIKING ME.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: FORD 1990 904 LAZ LERoy LEWIS
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: FORD MONROE, LINDA BUREAU OF TRASPOT SERVI
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: _____
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Leroy Lewis
Signature of Claimant

LERoy LEWIS
(Print Claimant's Name)

2283 NEWGATE DR.
(Address)

DECATUR, GA. 30035
(City, State and Zip Code)

404-562-0015 678-524-8012
(Work Number) (Home Number)

01-R-0798